



AmeriCorps Restoring Youth and Communities

Discovery Group Log

Form # 6 To be completed by AmeriCorps Members for each Discovery Group Session conducted

Members Facilitating Discovery Group Session	Last Name	First Name
AmeriCorps Member		
AmeriCorps Member		

Meeting Date	Meeting Duration Hours/Minutes	Meeting Location

PARTICIPANT SIGN IN RECORD		[PRINT NAME]	
LAST NAME	FIRST NAME	YA NUMBER	INITIALS

Discovery Group Session Rating 1 - 10		Discovery Steps Covered	
Discovery Group Session Notes _____			

***Member rating on strength/effectiveness of interaction: 10 = most effective to 1 = least effective. For example, a group was conducted and was moderately effective, giving a “5” rating. You should indicate the reasons for all ratings.**